# CALIFORNIA LEGISLATURE



Governor Arnold Schwarzenegger

Senator Denise Ducheny Senator Christine Kehoe Assemblymember Joel Anderson Assemblymember Martin Garrick Assemblymember Shirley Horton Assemblymember Kevin Jeffries

Senator Dennis Hollingsworth Senator Mark Wyland Assemblymember George Plescia Assemblymember Mary Salas Assemblymember Lori Saldana Assemblymember Mimi Walters

# \*\*\* FIRE DISASTER ASSISTANCE \*\*\*

- How to Contact Your Elected State Officials
- **State Agency Contact Numbers and Websites**
- **Homeowners Insurance Contact Information**
- U.S. Federal Emergency Management Assistance (FEMA)
- California State Dept. of Insurance Assistance Form
- California State Dept. of Insurance Helpful Information

## **How to Contact Your Elected Officials**

## Governor's Office:

-San Diego District Office 619-525-4641 / Fax: 619-525-4640 http://gov.ca.gov/

## State Senate Offices:

#### Scnator Denise Moreno Ducheny

-Chula Vista District Office (619) 409-7690 / Fax: (619) 409-7688

-Coachella District Office

(760) 398-6442 / Fax: (760) 398-6470 http://dist40.casen.govoffice.com/

#### Senator Christine Kehoe

-San Diego District Office (619) 645-3133 / Fax: (619) 645-3144 http://dist39.casen.govoffice.com/

#### Senator Dennis Hollingsworth

-Temecula District Office (951) 676-1020 / Fax: (951) 676-1030 -El Cajon District Office (619) 596-3136 / Fax: (619) 596-3140 http://republican.sen.ca.gov/web/36/

#### Senator Mark Wyland

-Carlsbad District Office (760) 931-2455 / Fax: (760) 931-2477 http://republican.sen.ca.gov/web/38/

## State Assembly Offices:

#### Assemblymember Joel Anderson

-El Cajon District Office (619) 441-2322 / Fax: (619) 441-2327 http://republican.assembly.ca.gov/members/a77/

#### Assemblymember Martin Garrick

-Carlsbad District Office (760) 929-7998 / Fax: (760) 929-7999 http://republican.assembly.ca.gov/members/a74/

#### **Assemblymember Shirley Horton**

-Lemon Grove District Office (619) 462-7878 / Fax: (619) 462-0078 http://republican.assembly.ca.gov/members/a78/

#### **Assemblymember Kevin Jeffries**

-Murrieta District Office (951) 894-1232 / Fax: (951) 894-5053 http://republican.assembly.ca.gov/members/a66/

#### Assemblymember George Plescia

-San Diego District Office Phone: (858) 689-6290 / Fax: (858) 689-6296 http://republican.assembly.ca.gov/members/a75/

#### Assemblymember Mary Salas

-Chula Vista District Office (619) 409-7979 / Fax: (619) 409-9270 http://democrats.assembly.ca.gov/members/a79/

#### Assemblymember Lori Saldana

-San Diego District Office (619) 645-3090 / Fax: (619) 645-3094 http://democrats.assembly.ca.gov/members/a76/

#### Assemblymember Mimi Walters

-Oceanside District Office (760) 757-8084 / Fax: (760) 757-8087 http://republican.assembly.ca.gov/members/a73/

## **State Agency Contact Numbers and Websites**

Department of California Highway Patrol

General Information: 916-657-7261 Road Information: 800-657-7249

www.chp.ca.gov

**Department of Corporations** 

619-525-4233

www.corp.ca.gov

**Department of Motor Vehicles** 

800-777-0133

www.dmv.ca.gov

Department of Real Estate

916-227-0931

www.drc.ca.gov

Department of Food and Agriculture

916-654-0466

www.cdfa.ca.gov

**Department of Industrial Relations** 

415-703-5070

www.dir.ca.gov

**Department of Insurance** 

800-927-4357

www.insurance.ca.gov

**Community Colleges** 

916-445-8752

www.ccco.cdu

Department of Education

916-445-7334

www.cde.ca.gov

**Post Secondary Education** 

916-445-7933

www.cpec.ca.gov

University of California

510-987-0700

www.ucop.edu

Department of Aging

916-419-7500

www.aging.ca.gov

**Department of Health Services** 

916-445-1248

www.dhs.ca.gov

Department of Mental Health

800-896-4042

www.dmh.ca.gov

**Emergency Medical Services Authority** 

916-322-4336

www.emsa.ca.gov

Secretary of State

916-653-6814

www.sos.ca.gov

**State and Consumer Services** 

916-653-4090

www.scsa.ca.gov

**Building Standards Commission** 

916-263-0916

www.dgs.ca.gov

**Department of Consumer Affairs** 

800-326-2297

www.dca.ca.gov

Franchise Tax Board

800-852-5711

www.ftb.ca.gov

Department of Corrections and Rehabilitation

916-445-7682

www.cdcr.ca.gov

**Board of Equalization** 

800-400-7115

www.boe.ca.gov

Fair Political Practices Commission

916-322-5660

www.fppc.ca.gov

Governor's Office of Emergency Services

San Diego County Office: 858-565-3490

Riverside County Office: 951-955-4700

www.oes.ca.gov

Department of Veteran's Affairs

General Information: 800-952-5626

San Diego Office: 866-653-2504

www.cdva.ca.gov

# **Homeowners Insurance Contact Information**

All company personnel, agents and claims adjusters are on the scene from the following companies:

Allied	www.alliedinsurance.com	1-800-282-1446
AIG	www.aig.com	1-800-466-3748
Allstate	www.allstate.com	1-800-547-8676
Amica Mutual Insurance	www.amica.com	1-800-242-6422
AAA/Auto Club of S. California	www.aaa.com	1-800-672-5246
California Causality	www.calcas.com	1-800-800-9410
Century National Insurance	www.centurynational.com	1-800-733-1980
CNA	www.cna.com	1-877-262-2727
Farmer's (ENGLISH)	www.farmers.com	1-800-435-7764
Farmer's (SPANISH)	www.farmers.com	1-877-732-5266
Fireman's Fund	www.firemansfund.com	1-888-347-3428
Liberty Mutual	www.libertymutual.com	1-800-225-2467
Metlife Home & Auto	www.metlife.com	1-800-422-4272
Nationwide	www.nationwide.com	1-800-421-3535
Oregon Mutual	www.ormutual.com	1-800-934-3809
Prudential	www.prudential.com	1-800-346-3778
Safeco	www.safeco.com	1-800-332-3226
State Farm	www.statefarm.com	1-800-732-5246
Traveler's Insurance	www.travelers.com	1-800-252-4633
21ST Century	www.21st.com	1-800-322-8200
USAA	www.usaa.com	1-800-531-8222





## FEMA Assistance

The following forms of assistance may be available to you, through the Federal Emergency Management Agency (FEMA):

- Grants for temporary housing
- Grants for home repairs
- Low-cost loans to cover uninsured property losses
- · And other programs to help those recovering from the disaster
- · Counseling for your Family

## Be prepared to provide the following information:

- The street address of your damaged property.
- Your current mailing address and a telephone number where you can be reached in the event you have been forced to relocate.
- Your Social Security Number.
- Your household's approximate gross income at the time of the fire or, if you are reporting business damages, the gross income of the business.
- Information on the type of insurance coverage you have.

Residents and business owners who have been impacted by the fires can begin applying for assistance by calling 1-800-621-FEMA (3362), or 1-800-462-7585 (TTY) for the hearing and speech impaired.

## FEMA Disaster Assistance Process for Individuals

Call to Apply for Assistance 1-800-621-FEMA (3362). The speech or hearing impaired may call (TTY) 1-800-462-7585.

- For use ONLY by people in designated federal disaster areas.
- Be prepared to give your Social Security number, describe your losses, provide financial information, and give directions to the damaged property.

The information you provide is put into the computer

- You are now in the system
- The recovery process begins

Call us if you have Questions 1-800-621-FEMA (3362). The speech or hearing impaired may call (TTY) 1-800-462-7585.

Refer to the application number the registrars gave you when you applied.

Making an optional visit to a Disaster Recovery Center to receive more information after you have registered by phone

Here you will find local, state, federal, and voluntary agencies that may be able to assist you

Inspector will call to schedule an appointment.

- There is NO FEE for the inspection.
- Inspectors will set up an appointment to visit your property within a few days of application.
- Inspectors are contractors; they are not FEMA employees, but they will have FEMA ID.

Inspector will visit damaged property.

- Be present for your scheduled appointment.
- They will inspect the damage, verify ownership and occupancy, and make a report.
   Inspectors do not determine eligibility.
- If eligible, you will receive a housing assistance check within 7-10 days.

If eligible, housing assistance check will arrive.

Money may be spent for housing needs.

Packet will arrive in mail.

- There may be an SBA application enclosed.
- You MUST fill out and return this to be eligible for any further assistance.
- Refer to SBA home page for more information. (www.sba.gov/)

To reduce future loss, consider taking steps to rebuild safer and smarter.

- Take measures to reduce losses in the future.
   Encourage community to participate in National Flood Insurance Program (NFIP).
- Consider buying flood insurance.

Call the FEMA Fraud Hotline if you suspect someone is filing false damage claims

- 1-800-323-8603
- Make sure disaster aid goes to those who deserve it.
- It is a violation of Federal law to file a false claim.





### DEPARTMENT OF INSURANCE ASSISTANCE FORM

Assistance may also be available to you through the California State Department of Insurance. To apply, either go on-line to fill out the form, or fill out the following two-page form.

On-Line Application (scroll to the bottom of the page):

http://www.insurance.ca.govicontact-us/0200-file-complaint/

If you have any specific questions, please contact your state legislator, or the CA Dept. of Insurance at:

California Department of Insurance Consumer Communications Bureau 300 South Spring Street, South Tower Los Angeles, CA 90013 1-800-927-HELP (4357) or 213-897-8921 TDD Number: 1-800-482-4TDD (4833)

The Hotline hours are from 8:00 a.m. - 5:00 p.m., Mon. - Fri.

### DEPARTMENT OF INSURANCE

CONSUMER SERVICES AND MARKET CONDUCT BRANCH CONSUMER SERVICES DIVISION 300 SOUTH SPRING STREET, SOUTH TOWER LOS ANGELES, CA 90013

www.insurance.ca.gov CCB-012 P Revised: 12/21/06



## REQUEST FOR ASSISTANCE

	Work Phone: ( )						
	Name						
	Address Home Phone: ( )						
	City Zip						
in an e	you file a complaint with the Department of Insurance, you should first contact the insurance company, agent or broke iffort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form, attach copies of any tant papers that relate to your complaint and mail to address shown above.						
insura	be aware that a copy of this Request for Assistance and other documentation submitted by you may be provided to the nee company, agent or broker unless you indicate that you do not want a copy of your correspondence forwarded by ng the box:						
	Do <u>not</u> forward a copy of the completed form and the documentation provided. However, please contact the insurance company and investigate the complaint on my behalf.						
1.	Complete name of insurance company involved:						
2.	Type of Insurance: Auto Home Home Health Other						
3.	(a) Name of the policyholder if different from your name:						
	(b) If a group policy, provide the group name:						
4.	Policy identification or certificate number:						
5.	Claim number (if applicable)						
6.	Date loss occurred or began (if applicable)						
7.	Broker/Agent (if applicable) Broker/Agent License number						
	Street address City/State /Zip						
8.	Have you contacted the company, agent or broker? Yes No						
	If yes, state the date(s) and person(s) contacted (Provide copies of all correspondence)						

(COMPLETE REVERSE SIDE)

9.	Have you reported this to any other governmental agency? YesNoNo					
	(1) Name of agency:					
	(2) File number, if known:					
10.	Have you previously written to the Department of Insurance about this matter?  Yes No File number (if available) Date					
11.	Is there attorney representation in this matter? Yes No					
12.	Is a lawsuit currently on-going or pending? Yes No If yes, our ability to mediate this matter is limited, but we will investigate your inquiry for any regulatory issues. We may defer the regulatory investigation until the finality of the litigation. We ask that you still complete this form so we have a record of your issue. Once the matter is concluded, we would welcome any information regarding violations of law by the insurer that you or your attorney are willing to provide.					
13.	Briefly, describe your problem (use additional paper if needed):					
	·					
14.	What do you consider to be a fair resolution to your problem?					
	(Signature) (Date)					

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